

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44843**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12094**

FILED JAN 26 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>12094</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>22 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2059</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5912 a Bartmer Avenue.</b>				d. STREET ADDRESS (If rural, give location) <b>5 5912 a Bartmer Avenue.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>BLANCH</b> b. (Middle) <b>IDA</b> c. (Last) <b>GOSSRAU</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 31, 1952</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>May 31, 1885</b>	
9. AGE (in years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maid</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Principia College</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Grafton, Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>George Nelson</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Reynolds</b>		14. NAME OF HUSBAND OR WIFE <b>August Gossrau</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Daisy Dieckmann, 5912 a Bartmer Ave</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac Decompensation</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4343</b>			
22. I hereby certify that I attended the deceased from <b>Sept. 1952</b> , to <b>Nov. 31, 1952</b> , that I last saw the deceased alive on <b>Nov. 30, 1952</b> , and that death occurred at <b>12:10A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. H. Clark, D.O.</b>				23b. ADDRESS <b>3202 Ashby Road</b>		23c. DATE SIGNED <b>12-31-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Jan 2, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>	
DATE REC'D BY LOCAL REG. <b>DEC 31 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Shepard Funeral Home, 1167 Hamilton Ave</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10576  
P. O. Box 4450

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. Wm. Bunker*

Licensed Embalmer No. 3657

P. O. Address St Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.